

PART B - FEE(S) TRANSMITTAL

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67801	7590 04/06			Certificate of Mailing or Transmission				
MARTIN D. M P:O. BOX 16440 ARLINGTON, V		PRTSI, INC.	I he Stat addi tran:	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
						(Depositor's name)		
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						(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	Α.	TTORNEY DOCKET NO.	. CONFIRMATION NO.		
09/955,933 09/20/2001 TITLE OF INVENTION: LICORICE EXTRACT FOR USE AS A MED			Luba Cohen 37229 CAMENT 87/02/2009 FHOHAMM 80000009 501		9933 30009 501407			
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F		UE DATE DUE		
nonprovisional	yo YES	\$1510 \$755	\$300	\$0	\$1810	07/06/2009		
EXAM	INER	ART UNIT	CLASS-SUBCLASS]	A1,	055		
WARE, DE	eborah K	1651	424-757000					
CFR 1.363).	ence address or indication		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
			THE PATENT (print or ty	• •				
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(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Ready-Made 37 Ltd.			Tel-Aviv, Israel					
Please check the approp	riate assignee category o	r categories (will not be p	rinted on the patent):	Individual XX Com	oration or other private	group entity Government		
4a. The following fee(s)	are submitted:	4	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)					
X Issue Fee Display Publication Fee (No small entity discount permitted)			☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.					
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a. Applicant clair	atus (from status indicatens SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no lo	nger claiming SMALI	ENTITY status. See 3	7 CFR 1.27(g)(2).		
NOTE: The Issue Fee a interest as shown by the	nd Publication Fee (if re records of the United St	quired) will not be accepte ates Patent and Trademark	ed from anyone other than k Office.	the applicant; a regist	ered attorney or agent;	or the assignee or other party in		
	Martin			Date June				
	me Martin D. Mo	ynihan		Registration No				
Michanoria, Anglina 22	(313-1430.					(and by the USPTO to process) hading gathering, preparing, and of time you require to complete Department of Commerce, P.O. oner for Patents, P.O. Box 1450,		
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appropriate. All further indicated unless corrects maintenance fee notifical	correspondence including de below or directed oth lions.	g the Patent, advance orderwise in Block 1, by (a)	ders and notification of a specifying a new corre	ION PEE (If requi maintenance fees w spondence address;	red). Blocks I through 5 sl vill be mailed to the current and/or (b) indicating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for		
	ENCE ADDRESS (Note: Use Bio	ock 1 (or any change of address)	Noi Fee pap	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
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						(Depositor's name)		
•			_			(Signature)		
			L			(Date)		
APPLICATION NO.	FILING DATE	1	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
09/955,933 TITLE OF INVENTION	09/20/2001 : LICORICE EXTRACT	FOR USE AS A MEDIC	Luba Cohen CAMENT		37229	9933		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	.NO YES	\$1840 \$1755	\$300	\$0	\$1810	07/06/2009		
EXAN	IINER	ART UNIT	CLASS-SUBCLASS		21,10			
	EBORAH K. ence address or indication	1651	424-757000					
CFR 1.363). Change of corres Address form PTO/S "Fee Address" in PTO/SB/47; Rev 03- Number is required 3. ASSIGNEE NAME A PLEASE NOTE: Ur recordation as set for	pondence address (or Cha B/122) attached. dication (or "Fee Address 02 or more recent) attack ND RESIDENCE DATA dless an assignee is ident th in 37 CFR 3.11. Comp	inge of Correspondence "Indication form and. Use of a Customer A TO BE PRINTED ON	or agents OR, alternat (2) the name of a sing registered attorney or 2 registered patent att listed, no name will b THE PATENT (print or to	f a single flrm (having as a member a 2				
(A) NAME OF ASSI Ready-Made	e 37 Ltd.	r categories (will not be pr	Tel-Aviv, Is	rael	Corporation or other private gr	roup entity Government		
4a. The following fee(s) X Issue Fee	are submitted:	4	b. Payment of Fee(s): (Pl A check is enclosed Payment by credit c	ease first reapply : ard. Form PTO-203	any previously paid issue for is attached. argo the required fec(s), any d	shown above)		
a. Applicant clair	atus (from status indicate ns SMALL ENTITY stat	us. See 37 CFR 1.27.	☐ b. Applicant is no lo	onger claiming SM/	ALL ENTITY status. See 37 (CFR 1.27(g)(2).		
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Authorized Signatur	Maden	N. May	uhi	Date_Jun	e 30, 2009			
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This collection of infor an application. Confide submitting the complet this form and/or sugges Box 1450, Alexandria, Alexandria, Virginia 27	mation is required by 37 intiality is governed by 3 ed application form to thatlons for reducing this by Virginia 22313-1450. D 1313-1450.	CFR 1.311. The informati 5 U.S.C. 122 and 37 CPR to USPTO. Time will varurden, should be sent to to O NOT SEND FEES OR			the public which is to file (a 2 minutes to complete, includ comments on the amount of d Trademark Office, U.S. De SS. SEND TO: Commissions it displays a valid OMB contr			
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